Case No.: 00-1225

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

Citizenship: United States of America

Post Office Address: 3084 Husted Drive, West Branch, MI 68611

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SELF-ALIGING SAFETY SENSORS

the specification of which is attached hereto unless the following space is checked:	
⊠ w 	vas filed onas United States Application Serial Number
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.	
I acknowledge the	duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.
I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number.	
Principal a	Number: 020306 attorney or agent: A. Blair Hughes e number: 312-913-0001
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
Full name of first in	Date: Jan 25, 2001
Residence: 3084 H	Justed Drive, West Branch, MI 68611

Full name of second joint inventor: Robert Schram

Inventor's signature:

Residence: 590 Lakeshore Rd., Beacansfield, Canada H9W4K4
Citizenship: United States of America

Post Office Address: 590 Lakeshore Rd., Beacansfield, Canada H9W4K4

Date: __